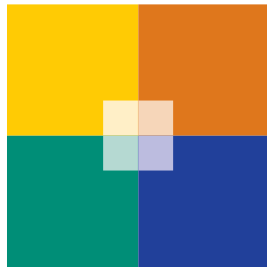


# RISK FACTORS FOR ILLNESS



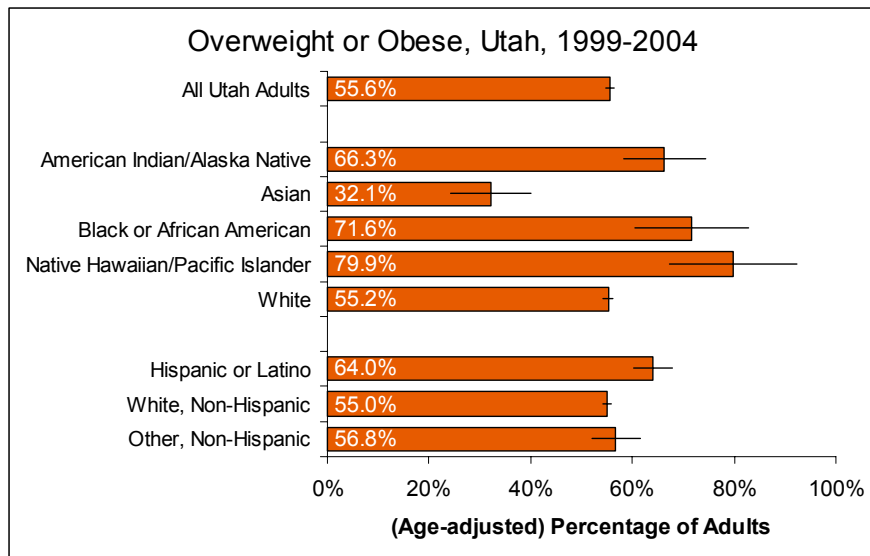


## Overweight or Obese

### Why Is It Important?

Being overweight increases the risk of chronic diseases, including heart disease, stroke, hypertension, type 2 diabetes, osteoarthritis, Alzheimer's and some cancers. Obesity is the second leading cause of preventable death in the U.S.<sup>19</sup>

Utahns have been gaining weight so rapidly that in 2003 over half (56.4%) of all adults were overweight or obese. The obesity epidemic among Utahns threatens to reverse the decades-long progress made in reducing death from chronic disease.



### How Are We Doing?

- The percentage of adults who were overweight or obese increased steadily in Utah and the U.S. in the last decade. In Utah, the percentage increased from 39% in 1989 to 56% in 2003.
- The prevalence of overweight or obesity is significantly lower among adult Asian Utahns, but higher among Native Hawaiian/Pacific Islander, Black/African American, American Indian/Alaska Native, and Hispanic/Latino adult Utahns.

### How Can We Improve?

A combined intervention of behavior therapy, a low-calorie diet, and increased physical activity has been shown to be effective for weight loss and maintenance. Because of differences within social and cultural groups, interventions need to be tailored to both groups and individuals. A recent National Heart, Lung, and Blood Institute report recommends that the initial six-month goal of weight therapy should be a 10% reduction in body weight. The full report can be found at [http://www.nhlbi.nih.gov/guidelines/obesity/sum\\_clin.htm](http://www.nhlbi.nih.gov/guidelines/obesity/sum_clin.htm)

Percentage of Utah Adults (Age 18 or Over) Who Were Overweight,\* 1999-2004

Race/Ethnicity	Sample Size	Total Adult Population	Number Overweight	Crude Rate (95% CI Range)	Age-adjusted Rate** (95% CI Range)	Sig.***
All Utah Adults	22,169	1,514,471	820,561	54.2% ( 53.3% - 55.1% )	55.6% ( 54.8% - 56.5% )	n/a
American Indian/Alaska Native	240	20,137	12,762	63.4% ( 55.1% - 71.6% )	66.3% ( 58.2% - 74.3% )	↑
Asian	189	30,694	8,730	28.4% ( 21.0% - 35.9% )	32.1% ( 24.2% - 40.0% )	↓
Black or African American	93	13,401	9,590	71.6% ( 60.2% - 82.9% )	71.6% ( 60.4% - 82.9% )	↑
Native Hawaiian/Pacific Islander	68	9,653	7,222	74.8% ( 62.3% - 87.3% )	79.9% ( 67.4% - 92.4% )	↑
White	20,792	1,440,586	776,658	53.9% ( 53.0% - 54.8% )	55.2% ( 54.3% - 56.1% )	
Hispanic or Latino	1,151	123,364	73,896	59.9% ( 56.0% - 63.8% )	64.0% ( 60.2% - 67.8% )	↑
White, Non-Hispanic	20,237	1,322,871	711,799	53.8% ( 52.9% - 54.7% )	55.0% ( 54.1% - 55.9% )	
Other, Non-Hispanic	683	68,236	36,627	53.7% ( 48.8% - 58.6% )	56.8% ( 51.9% - 61.6% )	

Source: Behavioral Risk Factor Surveillance System

\*Overweight criteria is BMI≥25. Body mass index (BMI) is calculated by dividing weight in kilograms by height in meters squared.

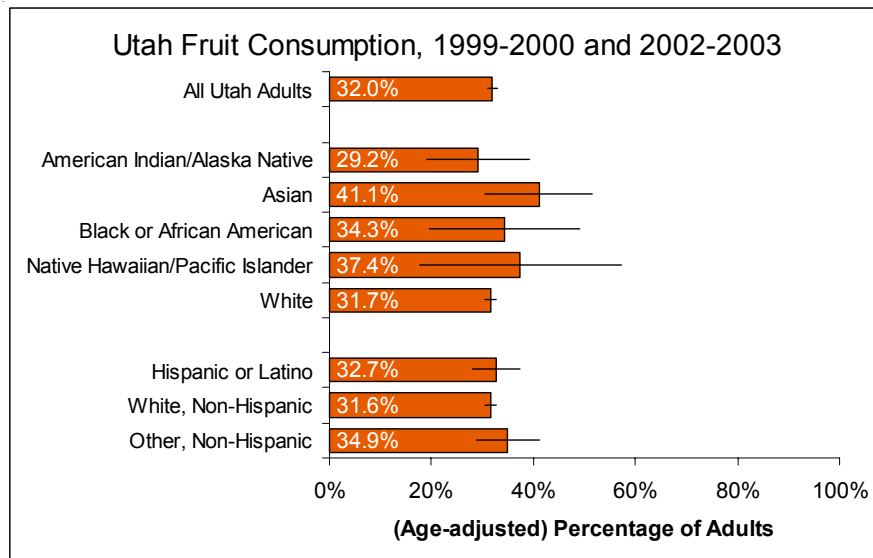
\*\*Age adjusted to the U.S. 2000 standard population

\*\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

## Daily Fruit Consumption

### Why Is It Important?

There are many benefits to eating fresh fruits and vegetables, including weight loss, a decrease in the risk of certain types of cancer, and a lower risk of heart disease. Some of the benefits result directly from the fruits and vegetables, and other benefits derive from the fact that if a person consumes five servings of fruits or vegetables a day, he or she is usually consuming fewer less-healthy foods, such as foods that are high in fat or calories.<sup>20</sup> The National Academy of Sciences, U.S. Department of Agriculture (USDA), the National Cancer Institute, and the American Cancer Society recommend that two to four servings of fruits be consumed each day depending on a person's energy intake.



### How Are We Doing?

- In the years the survey question was asked, only 32% of Utah adults reported eating two or more servings of fruit each day.
- Although there was some variability in fruit consumption among Utah's racial and ethnic communities, the differences were not statistically significant.

### How Can We Improve?

Nutrition research has found that the more richly colored fruits and vegetables are, the better they are at fighting disease and promoting health. The Centers for Disease Control and Prevention (CDC) suggests eating not only greens, but also your reds, oranges, yellows, and blues. They advise putting something of each color on your plate or in your lunch bag to get the recommended five to nine servings of fruits and vegetables every day.

Percentage of Utah Adults (Age 18+) Who Reported Eating Two+ Fruits Daily, 1999-2000, and 2002-2003

Race/Ethnicity	Sample Size	Total Adult Population	# Eating Fruit	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	14,150	1,514,471	474,335	31.3% ( 30.3% - 32.4% )	32.0% ( 30.9% - 33.0% )	n/a
American Indian/Alaska Native	149	20,137	5,615	27.9% ( 18.1% - 37.6% )	29.2% ( 19.1% - 39.3% )	
Asian	113	30,694	11,106	36.2% ( 26.0% - 46.4% )	41.1% ( 30.6% - 51.5% )	
Black or African American	58	13,401	5,423	40.5% ( 23.3% - 57.6% )	34.3% ( 19.6% - 49.0% )	
Native Hawaiian/Pacific Islander	44	9,653	3,999	41.4% ( 23.7% - 59.1% )	37.4% ( 17.7% - 57.2% )	
White	13,395	1,440,586	448,027	31.1% ( 30.0% - 32.2% )	31.7% ( 30.6% - 32.7% )	
Hispanic or Latino	750	123,364	41,183	33.4% ( 28.7% - 38.1% )	32.7% ( 28.0% - 37.3% )	
White, Non-Hispanic	12,933	1,322,871	410,934	31.1% ( 30.0% - 32.2% )	31.6% ( 30.5% - 32.7% )	
Other, Non-Hispanic	412	68,236	23,234	34.0% ( 28.1% - 40.0% )	34.9% ( 28.8% - 41.1% )	

Source: Behavioral Risk Factor Surveillance System

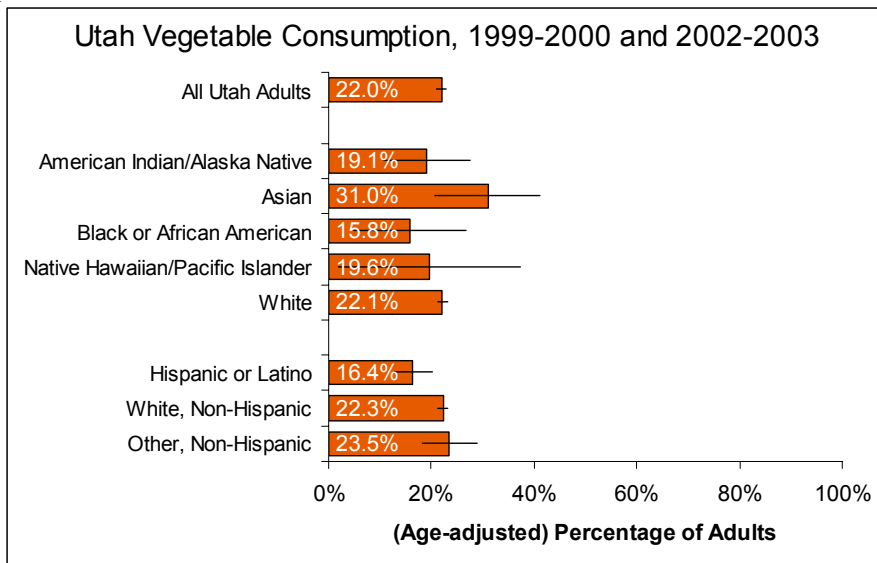
\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (▲) or lower (▼) than the state rate.

## Daily Vegetable Consumption

### Why Is It Important?

There are many benefits to eating fresh fruits and vegetables, including weight loss, a decrease in the risk of certain types of cancer, and a lower risk of heart disease. Some of the benefits result directly from the fruits and vegetables, and other benefits derive from the fact that if a person consumes five servings of fruits or vegetables a day, he or she is usually consuming fewer less-healthy foods, such as foods that are high in fat or calories.<sup>20</sup> The National Academy of Sciences, U.S. Department of Agriculture (USDA), the National Cancer Institute, and the American Cancer Society recommend that three to five servings of vegetables be consumed each day depending on a person's energy intake.



### How Are We Doing?

- Only 22% of Utah adults reported eating three or more daily servings of vegetables in the recent years in which the survey question was asked.
- The percentage of Utah adults who reported eating three or more daily servings of vegetables was higher (although not statistically significant) among Utah's Asian population, and lower among Utah's Hispanic/Latino population.

### How Can We Improve?

Not sure how to eat 5 to 9 A Day? The Centers for Disease Control and Prevention recommend starting the day with 100% fruit or vegetable juice. Slice bananas or strawberries on top of your cereal. Have a salad with lunch, and an apple for an afternoon snack. Include a vegetable with dinner and you already have 5 A Day.

### Percentage of Utah Adults (Age 18+) Who Reported Eating 3+ Vegetables Daily, 1999-2000 and 2002-2003

Race/Ethnicity	Sample Size	Total Adult Population	# Eating Vegetables	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	14,150	1,514,471	323,144	21.3% ( 20.4% - 22.3% )	22.0% ( 21.1% - 22.9% )	n/a
American Indian/Alaska Native	149	20,137	4,154	20.6% ( 11.2% - 30.0% )	19.1% ( 10.7% - 27.5% )	
Asian	113	30,694	8,401	27.4% ( 17.5% - 37.2% )	31.0% ( 20.7% - 41.2% )	
Black or African American	58	13,401	2,493	18.6% ( 3.4% - 33.8% )	15.8% ( 4.9% - 26.8% )	
Native Hawaiian/Pacific Islander	44	9,653	1,823	18.9% ( 4.8% - 33.0% )	19.6% ( 2.0% - 37.2% )	
White	13,395	1,440,586	309,776	21.5% ( 20.6% - 22.5% )	22.1% ( 21.1% - 23.1% )	
Hispanic or Latino	750	123,364	18,424	14.9% ( 11.7% - 18.1% )	16.4% ( 12.8% - 20.1% )	↓
White, Non-Hispanic	12,933	1,322,871	287,738	21.8% ( 20.8% - 22.7% )	22.3% ( 21.3% - 23.2% )	
Other, Non-Hispanic	412	68,236	15,676	23.0% ( 17.5% - 28.4% )	23.5% ( 18.2% - 28.9% )	

Source: Behavioral Risk Factor Surveillance System

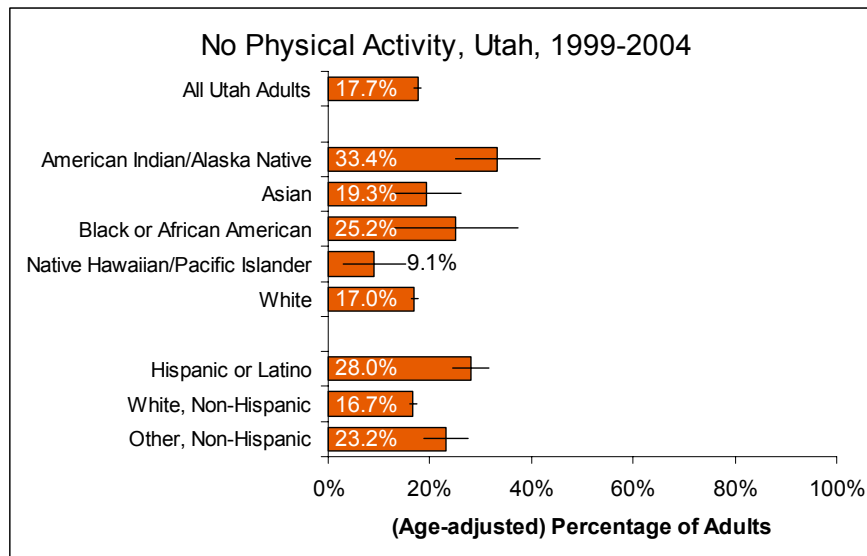
\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

## No Physical Activity

### Why Is It Important?

The risk posed by physical inactivity is almost as high as cigarette smoking, high blood pressure, and high blood cholesterol. Physically inactive persons are almost twice as likely to develop coronary heart disease as persons who engage in regular physical activity.<sup>21</sup> Physical inactivity is also linked to other adverse health conditions, including diabetes, osteoporosis, and some cancers,<sup>22</sup> and is associated with the increased rates of obesity seen in Utah and the U.S. Physical inactivity was defined as no participation in any physical activities for exercise, other than those associated with a regular job.<sup>6</sup>



### How Are We Doing?

- Among all Utah adults, 17.7% reported they were physically inactive from 1999–2004.
- Adults from Utah’s Native Hawaiian/Pacific Islander community were less likely to report being physically inactive, whereas those in the American Indian/Alaska Native and Hispanic/Latino communities were more likely to report physical inactivity.

### How Can We Improve?

Similar to good nutrition, physical activity is part of a lifestyle and must be adapted and integrated into an individual’s daily routine. Consistency is considered as important as intensity. Walkable communities help to increase physical activity rates with characteristics such as a compact local shopping area, walking and biking trails, low-speed streets with safe and convenient crossings, and neighborhood schools and parks.

Percentage of Utah Adults (Age 18 or Over) Who Reported No Physical Activity Outside of Work in the Past Month, 1999-2004

Race/Ethnicity	Sample Size	Total Adult Population	# With No Physical Activity	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	22,901	1,514,471	259,140	17.1% ( 16.5% - 17.8% )	17.7% ( 17.0% - 18.3% )	n/a
American Indian/Alaska Native	244	20,137	5,959	29.6% ( 21.7% - 37.5% )	33.4% ( 25.0% - 41.7% )	↑
Asian	194	30,694	6,301	20.5% ( 12.8% - 28.3% )	19.3% ( 12.5% - 26.1% )	
Black or African American	98	13,401	3,374	25.2% ( 12.5% - 37.8% )	25.2% ( 13.1% - 37.3% )	
Native Hawaiian/Pacific Islander	69	9,653	1,221	12.7% ( 4.1% - 21.2% )	9.1% ( 3.0% - 15.2% )	↓
White	21,407	1,440,586	237,738	16.5% ( 15.9% - 17.2% )	17.0% ( 16.3% - 17.6% )	↓
Hispanic or Latino	1,268	123,364	32,127	26.0% ( 22.8% - 29.3% )	28.0% ( 24.4% - 31.5% )	↑
White, Non-Hispanic	20,824	1,322,871	214,602	16.2% ( 15.6% - 16.9% )	16.7% ( 16.0% - 17.3% )	↓
Other, Non-Hispanic	702	68,236	15,197	22.3% ( 17.9% - 26.6% )	23.2% ( 18.8% - 27.6% )	↑

Source: Behavioral Risk Factor Surveillance System

\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

## Recommended Physical Activity

### Why Is It Important?

Physical activity is recognized as an independent protective factor against cardiovascular disease and has been shown to reduce the risk of several other diseases and improve physical and mental health. Among the elderly, regular activity improves bone density, reducing the risk of hip fracture, and helps to relieve pain from osteoarthritis. It would be difficult to overestimate the health-promoting influence of regular physical activity.

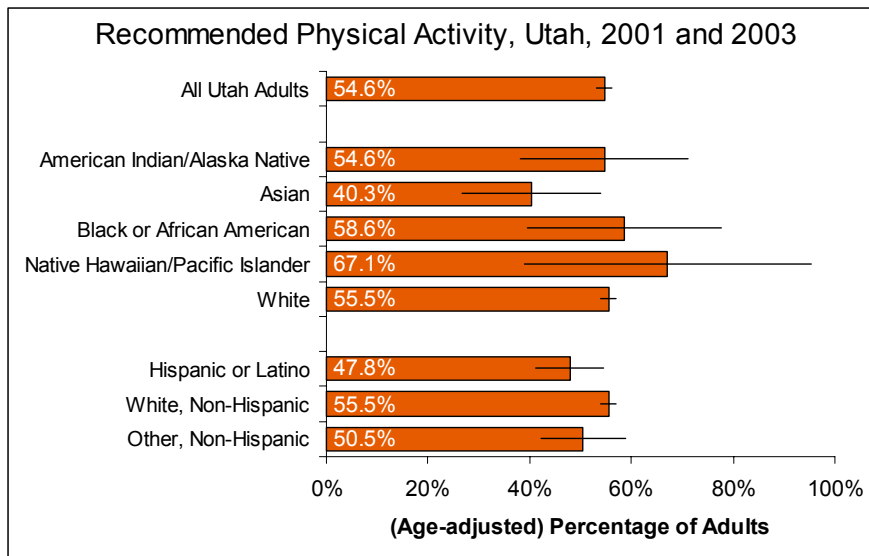
“Recommended physical activity” is defined by the U.S. Centers for Disease Control and Prevention as light or moderate physical activity for at least 30 minutes five or more times per week or vigorous physical activity for at least 20 minutes three or more times per week.

### How Are We Doing?

- In 2001 and 2003, just over half of all Utah adults reported getting recommended physical activity.
- Adults in Utah’s Asian and Hispanic/Latino communities were less likely to report getting recommended physical activity.

### How Can We Improve?

Even small changes in levels of physical activity can lead to big improvements in personal health.<sup>22</sup> The greatest health benefits are to persons who have never exercised regularly and then start meeting the recommended guideline.



Percentage of Utah Adults (Age 18 or Over) Who Reported Getting the Recommended Amount of Physical Activity, 2001 and 2003

Race/Ethnicity	Sample Size	Total Adult Population	# Getting Physical Activity	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	7,377	1,514,471	839,052	55.4% ( 53.9% - 56.9% )	54.6% ( 53.1% - 56.1% )	n/a
American Indian/Alaska Native	60	20,137	11,380	56.5% ( 40.6% - 72.4% )	54.6% ( 38.3% - 71.0% )	↓
Asian	65	30,694	14,044	45.8% ( 30.7% - 60.8% )	40.3% ( 26.6% - 53.9% )	
Black or African American	39	13,401	7,773	58.0% ( 36.2% - 79.9% )	58.6% ( 39.5% - 77.7% )	
Native Hawaiian/Pacific Islander	23	9,653	7,708	79.9% ( 63.6% - 96.2% )	67.1% ( 39.0% - 95.2% )	
White	6,776	1,440,586	807,398	56.0% ( 54.5% - 57.6% )	55.5% ( 53.9% - 57.0% )	↓
Hispanic or Latino	419	123,364	60,204	48.8% ( 42.2% - 55.4% )	47.8% ( 41.1% - 54.5% )	
White, Non-Hispanic	6,697	1,322,871	741,528	56.1% ( 54.5% - 57.6% )	55.5% ( 53.9% - 57.0% )	
Other, Non-Hispanic	226	68,236	36,906	54.1% ( 45.7% - 62.5% )	50.5% ( 42.2% - 58.8% )	

Source: Behavioral Risk Factor Surveillance System

Note: Recommended physical activity is defined by the U.S. Centers for Disease Control and Prevention as light or moderate physical activity for at least 30 minutes five or more times per week or vigorous physical activity for at least 20 minutes three or more times per week.

\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

## Cigarette Smoking

### Why Is It Important?

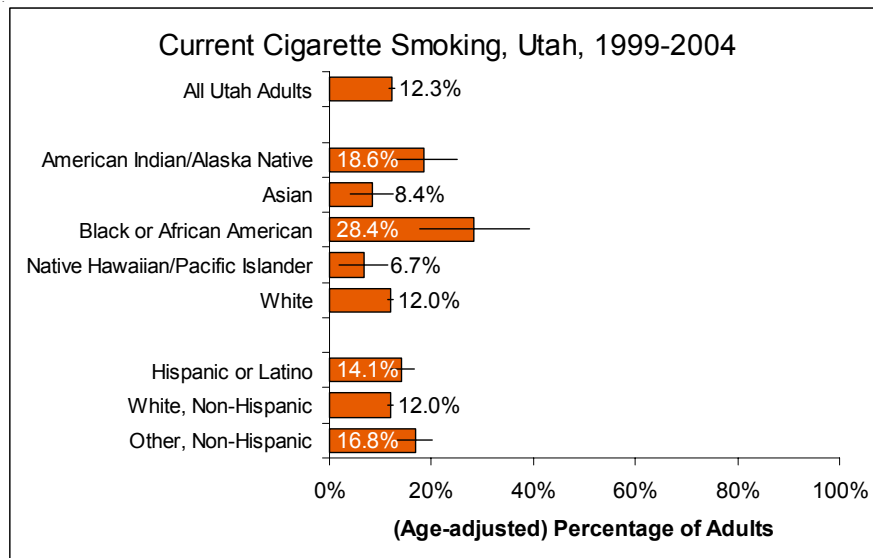
Tobacco use remains the leading preventable cause of death and disease in the U.S., claiming more than 440,000 lives each year. Smoking increases the risk for chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, cervix, pancreas, bladder, and kidneys. Exposure to secondhand smoke has been linked to heart disease, lung cancer, and respiratory illnesses.

### How Are We Doing?

- Utah's smoking rate is the lowest in the nation, and continues to decline. Even so, over 195,000 Utahns of all ages still smoke. People with low incomes and fewer years of formal education reported higher rates of tobacco use than the state average. Recent surveys show that more than 80% of Utah smokers want to quit. Comprehensive and free quitting services are needed to help Utah smokers quit and ensure a decline in tobacco use.
- Adults in Utah's Black/African American community were more likely to smoke cigarettes, and those in the Hispanic/Latino community were marginally more likely to do so.

### How Can We Improve?

Despite Utah's overall low tobacco use rates, some communities face tobacco-related health risks that equal or exceed the national average. The Utah Tobacco Prevention and Control Program (TPCP) is addressing these disparities by funding community-based organizations to develop networks of anti-tobacco advocates, educate community leaders about tobacco-related disparities, improve data collection, ensure that media and educational materials and services are culturally and linguistically appropriate, and conduct tobacco prevention and cessation activities.



Percentage of Utah Adults (Age 18 or Over) Who Reported Current Cigarette Smoking, 1999-2004

Race/Ethnicity	Sample Size	Total Adult Population	# Who Smoked	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	22,919	1,514,471	189,222	12.5% ( 11.9% - 13.1% )	12.3% ( 11.7% - 12.8% )	n/a
American Indian/Alaska Native	246	20,137	3,636	18.1% ( 11.9% - 24.2% )	18.6% ( 12.2% - 25.1% )	
Asian	195	30,694	3,607	11.8% ( 5.4% - 18.1% )	8.4% ( 4.2% - 12.7% )	
Black or African American	98	13,401	3,623	27.0% ( 16.5% - 37.6% )	28.4% ( 17.6% - 39.2% )	↑
Native Hawaiian/Pacific Islander	70	9,653	953	9.9% ( 3.0% - 16.8% )	6.7% ( 1.9% - 11.5% )	↓
White	21,423	1,440,586	175,654	12.2% ( 11.6% - 12.8% )	12.0% ( 11.5% - 12.6% )	
Hispanic or Latino	1,271	123,364	17,577	14.2% ( 11.9% - 16.6% )	14.1% ( 11.6% - 16.6% )	
White, Non-Hispanic	20,838	1,322,871	160,617	12.1% ( 11.5% - 12.7% )	12.0% ( 11.4% - 12.6% )	
Other, Non-Hispanic	703	68,236	11,805	17.3% ( 13.8% - 20.8% )	16.8% ( 13.4% - 20.3% )	↑

Source: Behavioral Risk Factor Surveillance System

Note: Current cigarette smoking was defined as anyone who has smoked 100 cigarettes or more and currently smokes every day or some days.

\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

## Chronic Drinking

### Why Is It Important?

Alcohol misuse can lead to health problems and accidental injuries. It is also associated with disruptions in family, work, and personal life. Alcohol use during pregnancy is known to cause fetal alcohol syndrome. Chronic drinking is defined as 60 or more alcoholic drinks in the past 30 days for men and 30 or more alcoholic drinks in the past 30 days for women. Those guidelines differ because women metabolize alcohol differently than men. In addition,

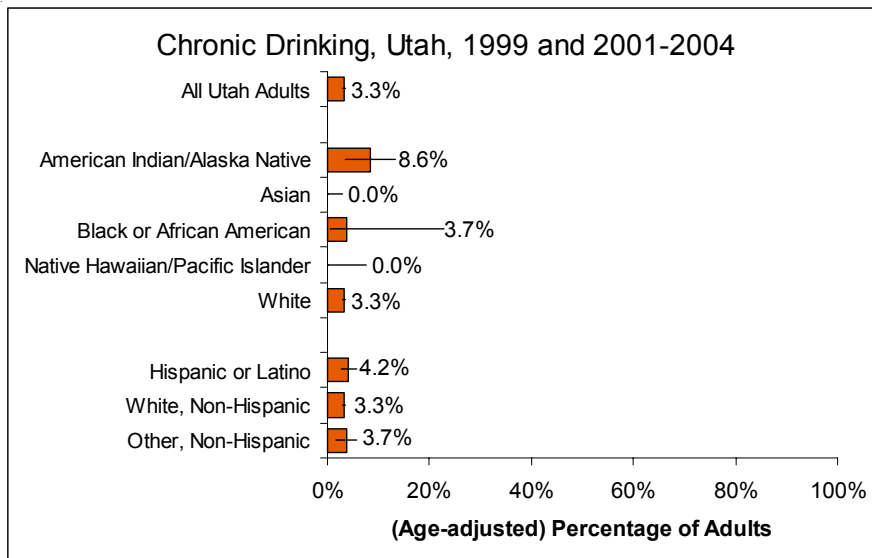
females have less body water than males, so they become more intoxicated than males after drinking the same amount of alcohol.<sup>6</sup>

### How Are We Doing?

- Chronic drinking rates are low in Utah, with only 3.3% of all Utah adults reporting the behavior.
- Chronic drinking was more prevalent among Utah's American Indian/Alaska Native population.
- Asian adults were statistically significantly less likely to report chronic drinking.

### How Can We Improve?

The Division of Substance Abuse and Mental Health ensures that substance abuse treatment services are available throughout the state. The Division contracts with local county governments (Local Substance Abuse Authorities, or LSAA) to provide these services and monitors these authorities through site visits, a year-end review process, and a peer review process.<sup>23</sup>



Percentage of Utah Adults (Age 18+) Who Reported Chronic Drinking, 1999 and 2001-2004

Race/Ethnicity	Sample Size	Total Adult Population	# Chronic Drinking	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	19,956	1,514,471	51,182	3.4% ( 3.1% - 3.7% )	3.3% ( 3.0% - 3.6% )	n/a
American Indian/Alaska Native	221	20,137	1,960	9.7% ( 4.2% - 15.3% )	8.6% ( 3.7% - 13.5% )	↑ ↓
Asian	173	30,694	0	0.0% ( 0.0% - 2.9% )	0.0% ( 0.0% - 2.9% <sup>†</sup> )	
Black or African American	86	13,401	312	2.3% ( 0.3% - 16.1% )	3.7% ( 0.6% - 22.8% )	
Native Hawaiian/Pacific Islander	63	9,653	0	0.0% ( 0.0% - 7.6% )	0.0% ( 0.0% - 7.6% <sup>†</sup> )	
White	18,595	1,440,586	48,565	3.4% ( 3.0% - 3.7% )	3.3% ( 3.0% - 3.6% )	
Hispanic or Latino	1,103	123,364	4,928	4.0% ( 2.6% - 5.4% )	4.2% ( 2.6% - 5.8% )	
White, Non-Hispanic	18,136	1,322,871	44,045	3.3% ( 3.0% - 3.7% )	3.3% ( 2.9% - 3.6% )	
Other, Non-Hispanic	626	68,236	2,386	3.5% ( 1.6% - 5.4% )	3.7% ( 1.7% - 5.8% )	

Source: Behavioral Risk Factor Surveillance System

Note: Chronic drinking was defined as 60+ drinks in the past 30 days for men and 30+ drinks in the past 30 days for women.

\*Age adjusted to the U.S. 2000 standard population

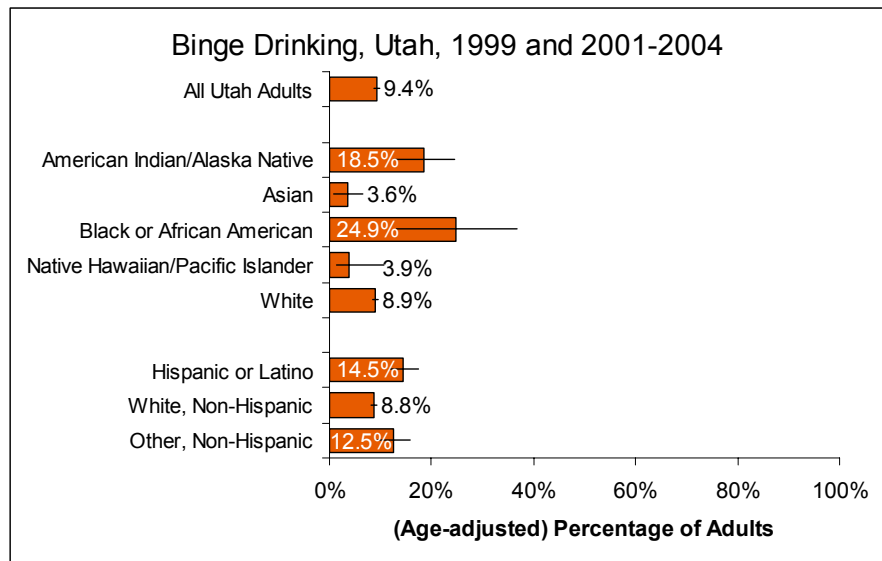
\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

† The confidence interval for this age-adjusted rate was assumed to be the same as the confidence interval for the crude rate.

## Binge Drinking

### Why Is It Important?

Binge drinking is an indicator of potentially serious alcohol abuse, and is related to driving under the influence of alcohol. Alcohol abuse is strongly associated with injuries and violence, chronic liver disease, fetal alcohol syndrome, and risk of other acute and chronic health conditions. Binge drinking among women of childbearing age is especially problematic. Birth defects associated with prenatal alcohol exposure can occur during the first six to eight weeks of pregnancy before a woman knows she is pregnant. Approximately 85,000 deaths each year in the U.S. are attributed to alcohol abuse.



### How Are We Doing?

- In Utah, the percentage of adults who reported binge drinking in the past 30 days fluctuated between a high of 12% in 1989 to a low of 7.7% in 1997. In the survey years reported here, 9.4% of Utah adults reported recent binge drinking. Utah still has a way to go to reach the Healthy People 2010 objective of 6%.
- Binge drinking was more commonly reported by survey respondents from Utah's Black/African American, American Indian/Alaska Native, and Hispanic/Latino communities than in the state overall. Asian adults were least likely to report binge drinking.

### How Can We Improve?

Utah is served by 13 Local Substance Abuse Authority districts operating a statewide system of care. For more information go to the Utah Division of Substance Abuse and Mental Health at <http://www.hsdsa.utah.gov/>

Percentage of Utah Adults (Age 18 or Over) Who Reported Drinking Five or More Drinks on One Occasion in the Past Month, 1999 and 2001-2004

Race/Ethnicity	Sample Size	Total Adult Population	# Binge Drinking	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	19,967	1,514,471	150,242	9.9% ( 9.4% - 10.5% )	9.4% ( 8.8% - 9.9% )	n/a
American Indian/Alaska Native	218	20,137	4,735	23.5% ( 15.5% - 31.5% )	18.5% ( 12.4% - 24.6% )	↑
Asian	173	30,694	1,549	5.0% ( 1.2% - 8.9% )	3.6% ( 0.8% - 6.4% )	↓
Black or African American	86	13,401	3,321	24.8% ( 13.1% - 36.5% )	24.9% ( 13.0% - 36.8% )	↑
Native Hawaiian/Pacific Islander	62	9,653	676	7.0% ( 2.5% - 19.5% )	3.9% ( 1.4% - 10.6% )	
White	18,608	1,440,586	134,573	9.3% ( 8.8% - 9.9% )	8.9% ( 8.4% - 9.5% )	
Hispanic or Latino	1,100	123,364	20,390	16.5% ( 13.5% - 19.5% )	14.5% ( 11.7% - 17.3% )	↑
White, Non-Hispanic	18,152	1,322,871	121,375	9.2% ( 8.6% - 9.7% )	8.8% ( 8.3% - 9.4% )	↓
Other, Non-Hispanic	622	68,236	9,537	14.0% ( 10.5% - 17.5% )	12.5% ( 9.2% - 15.9% )	

Source: Behavioral Risk Factor Surveillance System

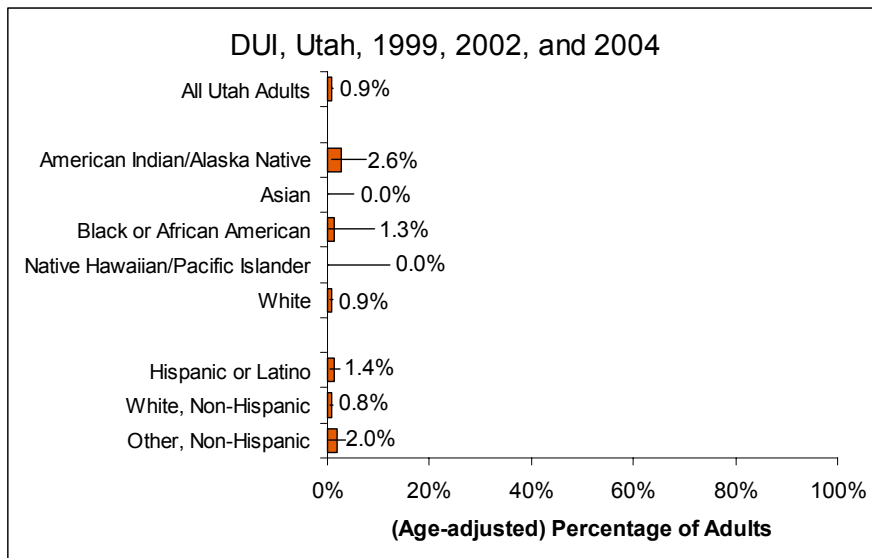
\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

## DUI (Driving Under the Influence)

### Why Is It Important?

Motor vehicle traffic crashes are a leading cause of death in Utah, especially for persons aged 45 and under. Many factors influence the risk of a traffic crash, but the single most significant predictor of an accident is the driver's state of sobriety.<sup>24</sup> A blood alcohol concentration (BAC) of 0.08 meets the legal definition of "under the influence of alcohol," and is Utah's standard for prosecution. At a BAC of only 0.10, a driver has six times the normal risk of getting into a motor vehicle crash, and at 0.14 the risk is twentyfold.



### How Are We Doing?

- Less than 1% of Utah adults reported that they drove a car after drinking alcohol in the past month.
- Although there was some variation by race and ethnicity, the differences were not statistically significant.

### How Can We Improve?

Legal penalties, including incarceration, probation, fines, suspension of driver's license, electronic monitoring, ignition interlock, treatment, and other measures may be enforced is a person whose BAC is or exceeds 0.08 is found to be in control of a vehicle.

PRIME For Life is a research-based program that is the mandated statewide in Utah, as well as certain other states. PRIME For Life is typically taught for 16 to 20 hours and includes a student self-assessment, individual and group activities, and has been found to be helpful in reducing recidivism.<sup>25</sup>

Percentage of Utah Adults (Age 18 or Over) Who Reported Driving After Alcohol Use in the Past Month, 1999, 2002, and 2004

Race/Ethnicity	Sample Size	Total Adult Population	# With DUI	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	12,377	1,514,471	15,662	1.0% ( 0.8% - 1.3% )	0.9% ( 0.7% - 1.1% )	n/a
American Indian/Alaska Native	161	20,137	761	3.8% ( 1.3% - 11.2% )	2.6% ( 0.9% - 7.5% )	
Asian	102	30,694	0	0.0% ( 0.0% - 5.1% )	0.0% ( 0.0% - 5.1% <sup>†</sup> )	
Black or African American	45	13,401	323	2.4% ( 0.3% - 16.8% )	1.3% ( 0.2% - 9.1% )	
Native Hawaiian/Pacific Islander	40	9,653	0	0.0% ( 0.0% - 12.3% )	0.0% ( 0.0% - 12.3% <sup>†</sup> )	
White	11,645	1,440,586	13,728	1.0% ( 0.7% - 1.2% )	0.9% ( 0.6% - 1.1% )	
Hispanic or Latino	667	123,364	2,244	1.8% ( 0.5% - 3.2% )	1.4% ( 0.4% - 2.5% )	
White, Non-Hispanic	11,264	1,322,871	11,935	0.9% ( 0.7% - 1.1% )	0.8% ( 0.6% - 1.1% )	
Other, Non-Hispanic	390	68,236	2,018	3.0% ( 0.5% - 5.4% )	2.0% ( 0.4% - 3.6% )	

Source: Behavioral Risk Factor Surveillance System

\*Age adjusted to the U.S. 2000 standard population

\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (▲) or lower (▼) than the state rate.

† The confidence interval for this age-adjusted rate was assumed to be the same as the confidence interval for the crude rate.

## Seat Belt Use

### Why Is It Important?

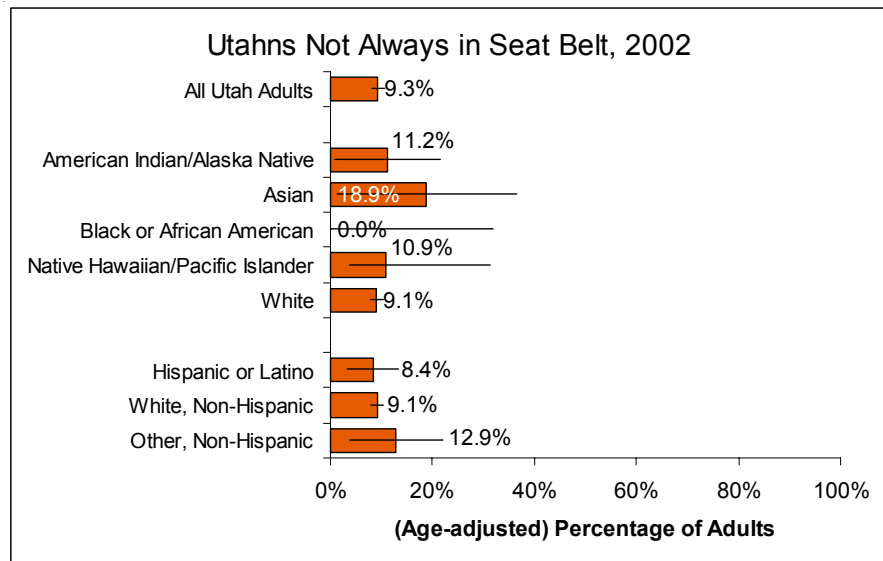
Motor vehicle crashes (MVCs) are the leading cause of injury death and the second leading cause of hospitalization from injury for all ages and ethnicities in Utah. The National Highway Traffic Safety Administration reports that proper and consistent use of seat belts could reduce MVC-related injuries and deaths by as much as 50%.

### How Are We Doing?

According to the Utah Department of Public Safety's observational surveys, overall adult safety belt usage has increased among all Utahns increased from 18% in 1986 to 86% in 2004. Self-reported data from Utah's Behavioral Risk Factors Surveillance System (BRFSS) survey indicates that Asian Utahns may be somewhat less likely to report that they "always" use safety belts, although the difference was not significant. In an effort to get more children properly restrained, local health departments have conducted sustained car seat and booster seat campaigns since the late 1990s, with particular focus on the Latino and Native American populations.

### How Can We Improve?

Caregivers of all races and ethnicities should continue to be educated about the importance of booster seats for children ages 4–8 as they are too small to fit in adult seat belts. Low-cost seats should be made available to at-risk populations. In addition, evidence from other states has shown that primary seat belt laws can further reduce death and injury related to MVCs.



Percentage of Utah Adults (Age 18 or Over) Who Reported They Did Not Always\* Use a Seat Belt, 2002

Race/Ethnicity	Sample Size	Total Adult Population	# With No Seat Belt	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.***
All Utah Adults	4,062	1,514,471	142,299	9.4% ( 8.2% - 10.6% )	9.3% ( 8.1% - 10.5% )	n/a
American Indian/Alaska Native	46	20,137	2,448	12.2% ( 3.9% - 38.0% )	11.2% ( 0.8% - 21.7% )	
Asian	27	30,694	8,387	27.3% ( 9.1% - 81.9% )	18.9% ( 1.3% - 36.5% )	
Black or African American	13	13,401	0	0.0% ( 0.0% - 31.8% )	0.0% ( 0.0% - 31.8% <sup>†</sup> )	
Native Hawaiian/Pacific Islander	16	9,653	1,460	15.1% ( 4.4% - 51.6% )	10.9% ( 3.8% - 31.4% )	
White	3,872	1,440,586	131,878	9.2% ( 7.9% - 10.4% )	9.1% ( 7.9% - 10.3% )	
Hispanic or Latino	177	123,364	10,811	8.8% ( 4.0% - 13.5% )	8.4% ( 3.4% - 13.5% )	
White, Non-Hispanic	3,748	1,322,871	121,019	9.1% ( 7.9% - 10.4% )	9.1% ( 7.9% - 10.3% )	
Other, Non-Hispanic	113	68,236	11,298	16.6% ( 3.7% - 29.4% )	12.9% ( 3.9% - 22.0% )	

Source: Behavioral Risk Factor Surveillance System

\*Did not report "always" or "nearly always" use seat belt

\*\*Age adjusted to the U.S. 2000 standard population

\*\*\* The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

† The confidence interval for this age-adjusted rate was assumed to be the same as the confidence interval for the crude rate.